## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY STANDARD ANNULAR PRESSURE TEST

Address    Date of Test   Held						
Address    Date of Test   Well Type   Well	Operator	CONSUMERS F	DEREV	State Perm	nit Number	4826
Well Name & Number   GODMAN   Well Type   AD    Quarter   Quarter   Quarter   Section   Township   Range   Township   Name   County   State   AD   AD   AD   AD   AD   AD   AD   A	A didenses		, , , , , , , , , , , , , , , , , , ,	EPA Perm	it Number	MI ME DO AND 2
Well Name & Number  Quarter   Quarter   Quarter   Section   Township   Range   Township   Name   County   State	Address		1	D. CT		141-009 25 000
Quarter Quarter Quarter Section Township Range Township Name County State    County   State				Date of 16	est	9/16/2013
GPS file number  Latitude  Latitude  Longitude  Longitude  Elevation  GPS file number  Latitude  Longitude  Longitude  Elevation  GPS file number  Latitude  Longitude  Elevation  GRAUGE CERTIFICATION  Type Pressure Gauge  WHA  Junch face DD psi full scale psi increments  Calibration certification submitted? Yes   No. 10	Well Name & Number	Goodman 4	! /	Well Type	>	20
GPS file number  Latitude  Latitude  Longitude  Longitude  Elevation  GPS file number  Latitude  Longitude  Longitude  Elevation  GPS file number  Latitude  Longitude  Elevation  GRAUGE CERTIFICATION  Type Pressure Gauge  WHA  Junch face DD psi full scale psi increments  Calibration certification submitted? Yes   No. 10	Quarter Quarter Quar	ter Section To	wynchin Range	Township Na	me Co	Numby State
Company Representative   CARLY IS HAW   Field Inspector   SALE   WILLIAMS    Company Representative   GARLY IS HAW   Field Inspector   SALE   WILLIAMS    Type Pressure Gauge   WILLAMS   Field Inspector   SALE   WILLIAMS    Type Pressure Gauge   WILLAMS   Field Inspector   SALE   WILLIAMS    Type Pressure Gauge   WILLAMS   Field Inspector   SALE   WILLAMS    Type Pressure Gauge   WILLAMS   Field Inspector   SALE   WILLAMS    Type Pressure Gauge   WILLAMS   Field Inspector   SALE   WILLAMS    TEST RESULTS   WELL CONFIGURATION    Casing Size   WILLAMS    Tubing   WILLAMS   Tubing Size   WILLAMS    Tubing Size   WILLAMS    Tubing Size   WILLAMS    Tubing Size   WILLAMS    Tubing Size   WILLAMS    Tubing Size   WILLAMS    Tubing Size   WILLAMS    Tubing Size   WILLAMS    The Packer Type   Forest Packer WILLAMS    The Packer Set (a)   WILLAMS    The Packer Set (a)   WILLAMS    Test Pressures:   Max. Allowable Pressure Change:   Initial test pressure x 0.03   WILLAMS    Test Passed   Test Failed   Hillams    Test Pressures:   Max. Allowable Pressure Change:   Initial test pressure x 0.03   WILLAMS    Test Passed   Test Failed   Hillams    Test Pressure change   Posi    Test Pressure change   Posi	NB 114 114	/				Vecan III
Company Representative GALY IS harm Field Inspector GAUGE CERTIFICATION Type Pressure Gauge W/HA 3 4 inch face 610 psi full scale 5 psi increments New Gauge? Yes No If no, date of calibration Calibration certification submitted? Yes No No ITEST RESULTS Time 0 6 5 350 350 350 Tubing WELL STATUS  WELL CONFIGURATION Casing Size 42 Tubing Size 124 Rework after failure 1 TD# Packer Type Row Permit 1 TD# Packer Type Row Permit 1 TD# Packer Set @ 1458 Enforcement Action 1 TD# Fluid Return (gal) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GPS file number		1311		771	Flevation
Type Pressure Gauge   W/h/A			272	85 8362	12	Dievation
Type Pressure Gauge   W/h/A	Company Dongsontative	(A) (1)	ham)	Eigld Ingression	1	l blue and
Type Pressure Gauge New Gauge? Yes No	Company Representative				SAM H.	NILLIAMS
TEST RESULTS  Time  Annulus  Boo  Tubing  WELL STATUS  Syear  Tubing  WELL STATUS  Tubing  WELL CONFIGURATION  Casing Size  Tubing Size	Type Pressure Gauge				nsi full scale	nsi increments
Time  Annulus  WELL STATUS  WELL CONFIGURATION  Casing Size  2 Year TA  Tubing Size  Packer Type  Packer Type  Packer Set @ 145  Enforcement Action				Calibration ce	rtification su	bmitted? Ves \( \text{No } \$ \text{\$ \text{\$\$ \exitiex{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$
Time		□ II no, date of ca		Cantilation cc	itiiicatioii su	omitted: Tes - No e
Time 0 15 30 350 350 350 Tubing WELL STATUS  WELL STATUS  S Year TD# 13-22.5 Casing Size 412  2 Year TA	125	5 H	TEST RESU	JLTS		**
WELL STATUS  WELL CONFIGURATION  5 Year  TD#   3-225   Casing Size   4/2   Tubing Size   7/2   Tubing Size	Time 0	15	30			
WELL STATUS  WELL CONFIGURATION  5 Year  TD#   3-225   Casing Size   4/2   Tubing Size   7/2   Tubing Size	Annulus 350	350	350	п е		1
Casing Size  TD# Tubing Size  Packer Type Packer Type Packer set @ 1458  Enforcement Action	ACTION OF THE PARTY OF THE PART		-13			
Casing Size  TD# Tubing Size  Packer Type Packer Type Packer set @ 1458  Enforcement Action	WELLS	TATIC		WEIL	CONEICLID	ATION
Tubing Size   Packer Type   Packer Type   Packer A3   Oxformation   TD#   Packer Set (a)   1458   Pa		TD# /3-22	5			44
Rework after failure			<u>**</u>			13/0
New Permit						EVER NZ lovcet
Enforcement Action   TD#						1458
Annual Class 1		100-100-100-100-100-100-100-100-100-100		1 acker se	i w	1 +
Test Pressure change psi 63  Test Passed Test Failed : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.  COMMENT:  Signature of Company Representative  Date  Signature of UIC Field Inspector  Date						12-
Test Passed Test Failed : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.  COMMENT:  Signature of Company Representative  Date    16/2013   18/2013	Test Pressures: M	ax. Allowable Pres			SUBSECUTION STATE OF THE PROPERTY OF THE PROPE	1/1/0
Signature of Company Representative  Date    1/6/2013     Signature of UIC Field Inspector   Date			vell must shut in, no	injection can occu	r, and USEPA	must be contacted within
Signature of Company Representative  Date    16/2013     Signature of UIC Field Inspector   Date		eeds to occur, the we	ll retested, and writt	ten authorization red	eived before in	ijection can recommence.
Signature of Company Representative  Date  9/16/2013  Signature of UIC Field Inspector  Date	COMMENT:					
Signature of Company Representative  Date  9/16/2013  Signature of UIC Field Inspector  Date				The state of the s		5 5
Signature of UIC Field Inspector  Date		2	0CI	2 1 2013		
	Signature of Company R	epresentative	IIIA A		Date	
	0	ees	, UNIVERSITY	MANCH	9/16/2	1013
	Signature of UIC Field In	nspector	EFA, R	EGION 5	Date	T
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